

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

KPAC

ADDRESS (number and street)

P.O. Box 820365

☐Check if different
than previously
reported. (ACC)

Dallas

TX

75382

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00365551

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☒October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Jill Mellinger

Signature of Treasurer

Electronically Filed by Ms. Jill Mellinger

Date

07

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
KPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		488398.16
(b) Cash on Hand at Beginning of Reporting Period	330078.12	
(c) Total Receipts (from Line 19)	9002.49	55772.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	339080.61	544170.55
7. Total Disbursements (from Line 31)	69372.26	274462.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	269708.35	269708.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

KPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	5000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	8000.00	47500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	8000.00	52500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1002.49	3272.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9002.49	55772.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9002.49	55772.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	32372.26	117462.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	32372.26	117462.20
22. Transfers to Affiliated/Other Party Committees.....	5000.00	75000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	78000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4000.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	69372.26	274462.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69372.26	274462.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8000.00	52500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8000.00	52500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32372.26	117462.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32372.26	117462.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KPAC

A.

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1350 I St NW
Ste 870

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00359539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.8507

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue NE
Suite 100

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11C.8340

Amount of Each Receipt this Period

3000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

KPAC

A.

Full Name (Last, First, Middle Initial)

Frost Bank

Mailing Address P.O. Box 16509

City

Fort Worth

State

TX

Zip Code

76162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2612.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA17.8437

Amount of Each Receipt this Period

342.11

Interest Income

B.

Full Name (Last, First, Middle Initial)

Frost Bank

Mailing Address P.O. Box 16509

City

Fort Worth

State

TX

Zip Code

76162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2954.53

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: SA17.8438

Amount of Each Receipt this Period

342.52

Interest Income

C.

Full Name (Last, First, Middle Initial)

Frost Bank

Mailing Address P.O. Box 16509

City

Fort Worth

State

TX

Zip Code

76162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3272.39

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA17.8447

Amount of Each Receipt this Period

317.86

Interest Income

SUBTOTAL of Receipts This Page (optional)

1002.49

TOTAL This Period (last page this line number only)

1002.49

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.8358 Date of Disbursement																				
Mailing Address P.O. Box 630047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	8												
City Dallas State TX Zip Code 75263	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Expense Candidate Name	<table border="1"> <tr> <td colspan="10">65.53</td> </tr> </table>	65.53																			
65.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.8359 Date of Disbursement																				
Mailing Address P.O. Box 630047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
City Dallas State TX Zip Code 75263	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Expense Candidate Name	<table border="1"> <tr> <td colspan="10">65.26</td> </tr> </table>	65.26																			
65.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.8364 Date of Disbursement																				
Mailing Address P.O. Box 630047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
City Dallas State TX Zip Code 75263	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Expense Candidate Name	<table border="1"> <tr> <td colspan="10">420.38</td> </tr> </table>	420.38																			
420.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

551.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A. Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 630047	Transaction ID: SB21B.8360 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div>
<div> <div>City Dallas</div> <div>State TX</div> <div>Zip Code 75263</div> </div> <div> <div>Purpose of Disbursement Telephone Expense</div> <div>Candidate Name</div> </div> <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>203.17</div>
B. Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 630047	Transaction ID: SB21B.8439 Date of Disbursement <div> <div>09</div> <div>30</div> <div>2008</div> </div>
<div> <div>City Dallas</div> <div>State TX</div> <div>Zip Code 75263</div> </div> <div> <div>Purpose of Disbursement Telephone Expense</div> <div>Candidate Name</div> </div> <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>65.26</div>
C. Full Name (Last, First, Middle Initial) Frost Bank Mailing Address P.O. Box 16509	Transaction ID: SB21B.8345 Date of Disbursement <div> <div>07</div> <div>03</div> <div>2008</div> </div>
<div> <div>City Fort Worth</div> <div>State TX</div> <div>Zip Code 76162</div> </div> <div> <div>Purpose of Disbursement Credit Card Processing</div> <div>Candidate Name</div> </div> <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>33.15</div>

SUBTOTAL of Disbursements This Page (optional)

301.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A.

Full Name (Last, First, Middle Initial)
Frost Bank

Mailing Address P.O. Box 16509

City Fort Worth State TX Zip Code 76162

Purpose of Disbursement
Credit Card Processing

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8367

Date of Disbursement

08 / 03 / 2008

Amount of Each Disbursement this Period

7.65

B.

Full Name (Last, First, Middle Initial)
Frost Bank

Mailing Address P.O. Box 16509

City Fort Worth State TX Zip Code 76162

Purpose of Disbursement
Payroll Tax Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8368

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

941.76

C.

Full Name (Last, First, Middle Initial)
Frost Bank

Mailing Address P.O. Box 16509

City Fort Worth State TX Zip Code 76162

Purpose of Disbursement
Payroll Tax Expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8369

Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

941.76

SUBTOTAL of Disbursements This Page (optional) ►

1891.17

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A.

Full Name (Last, First, Middle Initial)
 Frost Bank

Mailing Address P.O. Box 16509

City State Zip Code
 Fort Worth TX 76162

Purpose of Disbursement

Payroll Tax Expense

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8370

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

941.76

B.

Full Name (Last, First, Middle Initial)
 Kay Bailey Hutchison

Mailing Address P.O. Box 9190

City State Zip Code
 Dallas TX 75209

Purpose of Disbursement

Reimburse Travel

Candidate Name

002
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8423

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

3155.40

C.

Full Name (Last, First, Middle Initial)
 American Airlines

Mailing Address DFW Airport

City State Zip Code
 Dallas TX 75261

Purpose of Disbursement

Travel Expense

Candidate Name

002
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8423.0

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

1050.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

4097.16

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A. Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B.8423.1 Date of Disbursement																				
Mailing Address 900 Grand Plaza Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Houston State TX Zip Code 77067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expense	<table border="1"> <tr> <td>2104.50</td> </tr> </table>	2104.50																			
2104.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Kay Bailey Hutchison	Transaction ID: SB21B.8429 Date of Disbursement																				
Mailing Address P.O. Box 9190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City Dallas State TX Zip Code 75209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse travel expenses	<table border="1"> <tr> <td>6160.08</td> </tr> </table>	6160.08																			
6160.08																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Crown Plaza Hotel	Transaction ID: SB21B.8429.0 Date of Disbursement																				
Mailing Address 11 East Kellogg Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
City St. Paul State MN Zip Code 55101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimburse lodging & meals	<table border="1"> <tr> <td>2947.67</td> </tr> </table>	2947.67																			
2947.67																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

6160.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A. Full Name (Last, First, Middle Initial) American Airlines Mailing Address DFW Airport	Transaction ID: SB21B.8429.1 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div>
City Dallas State TX Zip Code 75261 Purpose of Disbursement Reimburse airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1671.50</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 5101 Northwest Drive City St. Paul State MN Zip Code 55111 Purpose of Disbursement Reimburse airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8429.2 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1499.60</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Kay Bailey Hutchison Mailing Address P.O. Box 9190 City Dallas State TX Zip Code 75209 Purpose of Disbursement Reimburse travel expenses < \$200 in cycle Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8429.3 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>41.31</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A. Full Name (Last, First, Middle Initial) Ms. Jill Mellinger	Transaction ID: SB21B.8354 Date of Disbursement
Mailing Address 9210 Westview Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Services Candidate Name	<div> <div>2000.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Jill Mellinger	Transaction ID: SB21B.8355 Date of Disbursement
Mailing Address 9210 Westview Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Services Candidate Name	<div> <div>2000.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Jill Mellinger	Transaction ID: SB21B.8357 Date of Disbursement
Mailing Address 9210 Westview Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period
Purpose of Disbursement Accounting Services Candidate Name	<div> <div>2000.00</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Lindsey Parham

Mailing Address 4613 Ramsey Avenue

City
 Austin

State
 TX

Zip Code
 78756

Purpose of Disbursement
 Reimburse meal & parking < \$200 in cycle

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8414

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

44.19

B.

Full Name (Last, First, Middle Initial)

Ed Rahal

Mailing Address 4101 Cathedral Avenue
 Suite 707

City
 Washington

State
 DC

Zip Code
 20016

Purpose of Disbursement
 Fundraising Consulting Expense

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8353

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Caroline Snell

Mailing Address 404 Rio Grande Street
 Apt. 121

City
 Austin

State
 TX

Zip Code
 78701

Purpose of Disbursement
 Salary

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8361

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

2426.50

SUBTOTAL of Disbursements This Page (optional) ►

4470.69

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC**A.**

Full Name (Last, First, Middle Initial)

Caroline Snell

Transaction ID: SB21B.8415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Mailing Address 404 Rio Grande Street
Apt. 121

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78701

269.60

Purpose of Disbursement
Reimburse travel & supplies

--

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Caroline Snell

Transaction ID: SB21B.8415.0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Mailing Address 404 Rio Grande Street
Apt. 121

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78701

204.80

Purpose of Disbursement
Reimburse mileage

002

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Caroline Snell

Transaction ID: SB21B.8362

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Mailing Address 404 Rio Grande Street
Apt. 121

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78701

2426.50

Purpose of Disbursement
Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2696.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A.

Full Name (Last, First, Middle Initial)
Caroline Snell

Mailing Address 404 Rio Grande Street
Apt. 121

City Austin State TX Zip Code 78701

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8363

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2426.50

B.

Full Name (Last, First, Middle Initial)
Texas Workforce Commission

Mailing Address P.O. Box 149037

City Austin State TX Zip Code 78714

Purpose of Disbursement
State Unemployment Tax

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8352

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

60.75

C.

Full Name (Last, First, Middle Initial)
Bonnie Varner

Mailing Address 2814 Nueces Street
#106

City Austin State TX Zip Code 78705

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8346

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

334.31

SUBTOTAL of Disbursements This Page (optional)

2821.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A.

Full Name (Last, First, Middle Initial)

Bonnie Varner

Mailing Address 2814 Nueces Street
#106

City Austin State TX Zip Code 78705

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8347

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

334.31

B.

Full Name (Last, First, Middle Initial)

Bonnie Varner

Mailing Address 2814 Nueces Street
#106

City Austin State TX Zip Code 78705

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8348

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

334.31

C.

Full Name (Last, First, Middle Initial)

Bonnie Varner

Mailing Address 2814 Nueces Street
#106

City Austin State TX Zip Code 78705

Purpose of Disbursement
Salary

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8349

Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

334.31

SUBTOTAL of Disbursements This Page (optional)

1002.93

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC**A.**

Full Name (Last, First, Middle Initial)

Bonnie Varner

Transaction ID: SB21B.8350

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Mailing Address 2814 Nueces Street
#106

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78705

3	3	4	.	3	1
---	---	---	---	---	---

Purpose of Disbursement
Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Bonnie Varner

Transaction ID: SB21B.8351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Mailing Address 2814 Nueces Street
#106

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78705

3	3	4	.	3	1
---	---	---	---	---	---

Purpose of Disbursement
Salary

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Vaughn Building

Transaction ID: SB21B.8341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

Mailing Address 807 Brazos Street, Suite 1010

Amount of Each Disbursement this Period

City Austin State TX Zip Code 78767

4	3	5	.	0	0
---	---	---	---	---	---

Purpose of Disbursement
Rent & Utilities Expense

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1103.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A. Full Name (Last, First, Middle Initial) Vaughn Building Mailing Address 807 Brazos Street, Suite 1010	Transaction ID: SB21B.8342 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div>
City Austin State TX Zip Code 78767 Purpose of Disbursement Rent & Utilities Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>435.00</div> <div>001 Category/ Type</div>
B. Full Name (Last, First, Middle Initial) Vaughn Building Mailing Address 807 Brazos Street, Suite 1010	Transaction ID: SB21B.8344 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 8</div> </div>
City Austin State TX Zip Code 78767 Purpose of Disbursement Rent & Utilities Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>435.00</div> <div>001 Category/ Type</div>
C. Full Name (Last, First, Middle Initial) Shea Woodard Mailing Address P.O. Box 7569	Transaction ID: SB21B.8419 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City Abilene State TX Zip Code 79608 Purpose of Disbursement Reimburse Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>406.20</div> <div>002 Category/ Type</div>

SUBTOTAL of Disbursements This Page (optional) ►

1276.20

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC**A.**

Full Name (Last, First, Middle Initial)

Shea Woodard

Mailing Address P.O. Box 7569

City
AbileneState
TXZip Code
79608Purpose of Disbursement
Reimburse mileage

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8419.0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Amount of Each Disbursement this Period

325.73

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Shea Woodard

Mailing Address P.O. Box 7569

City
AbileneState
TXZip Code
79608Purpose of Disbursement
Reimburse travel expenses > \$200 in cycl

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8419.1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Amount of Each Disbursement this Period

80.47

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

32372.26

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 28

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A.

Full Name (Last, First, Middle Initial)

ALABAMA REPUBLICAN PARTY

Mailing Address P. O. Box 55628

City
Birmingham

State
AL

Zip Code
35255

Purpose of Disbursement
Contribution to Federal Account

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.8401

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT SYDNEY HAY TO CONGRESS

Mailing Address PO BOX 17576

City
 MUNDS PARK

State
 AZ

Zip Code
 86017

Purpose of Disbursement
 Contribution

Candidate Name
 SYDNEY HAY

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.8374

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

CULBERSON FOR CONGRESS

Mailing Address P.O. Box 41964

City
 Houston

State
 TX

Zip Code
 77241

Purpose of Disbursement
 Contribution

Candidate Name
 JOHN CULBERSON

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: SB23.8389

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address 7840 Red Leaf Drive

City
 Las Vegas

State
 NV

Zip Code
 89131

Purpose of Disbursement
 Contribution

Candidate Name
 DEAN HELLER

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: SB23.8441

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A. Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC.	Transaction ID: SB23.8436 Date of Disbursement																				
Mailing Address PO BOX 16118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	8												
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement Void check that was never deposited. Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>-5000.00</td> </tr> </table>	-5000.00																			
-5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) LYLE LARSON FOR CONGRESS	Transaction ID: SB23.8380 Date of Disbursement																				
Mailing Address PO BOX 171148	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	8												
City SAN ANTONIO State TX Zip Code 78217 Purpose of Disbursement Contribution Candidate Name LYLE LARSON	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS, INC	Transaction ID: SB23.8392 Date of Disbursement																				
Mailing Address 815-A Brazos Street PMB 230	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	8												
City Austin State TX Zip Code 78701 Purpose of Disbursement Contribution Candidate Name MICHAEL MCCAUL	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A. Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS Mailing Address P.O. Box 7913	Transaction ID: SB23.8395 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Louisville KY 40257 Purpose of Disbursement Contribution Candidate Name ANNE NORTHUP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 03	Amount of Each Disbursement this Period <div>1000.00</div> <div>011</div> Category/ Type
B. Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE Mailing Address PO Box 16381 City State Zip Code Sugar Land TX 77496 Purpose of Disbursement Contribution Candidate Name PETER G OLSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22	Transaction ID: SB23.8387 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <div>011</div> Category/ Type
C. Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS Mailing Address 7840 Red Leaf Drive City State Zip Code Las Vegas NV 89131 Purpose of Disbursement Contribution Candidate Name JON PORTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 03	Transaction ID: SB23.8444 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> <div>011</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 KPAC

A.

Full Name (Last, First, Middle Initial)
 SUSAN BITTER SMITH FOR CONGRESS

Mailing Address 5806 E LEWIS AVENUE

City State Zip Code
 SCOTTSDALE AZ 85257

Purpose of Disbursement
 Contribution

Candidate Name
 SUSAN BITTER SMITH

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: SB23.8377

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
 ZIMMER FOR SENATE INC

Mailing Address 5 MAPLETON ROAD SUITE 300

City State Zip Code
 PRINCETON NJ 08540

Purpose of Disbursement
 Contribution

Candidate Name
 DICK ZIMMER

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
 Category/
 Type

Transaction ID: SB23.8371

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

28000.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
KPAC

09 / 18 / 2008

1000.00

09 / 18 / 2008

1000.00

09 / 18 / 2008

1000.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
KPAC

A.

Full Name (Last, First, Middle Initial)

Pat Lykos for DA Campaign

Mailing Address 5151 San Felipe
Suite 1950

City Houston State TX Zip Code 77056

Purpose of Disbursement
Non Federal Political Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.8410

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

4000.00